

March 5, 2003

To Whom It May Concern:

Our first child, Emily, was born in January 2000 in Salem, Oregon. I feel very fortunate that she was born in Oregon where the state legislature had already mandated that all babies would be screened for hearing loss. My pregnancy with Emily was noteworthy only in that we had no complications or concerns of any kind. She was born nine days late and weighed a healthy nine pounds, six ounces. My doctor and her pediatrician both proclaimed her to be a beautiful, healthy baby when they examined her at the hospital. In both my and my husband's families there is no history of hearing loss other than that due to old age. The only living relative of Emily who currently wears hearing aids is her elderly great grandmother and a great uncle. Therefore, when she failed her first hearing screening when she was two days old, we thought that the nurses' reassurances must be right that it was just fluid in the ear canal. When she failed her second hearing screening at ten days old we knew something was wrong. From that point on, it was a matter of obtaining more definitive tests, being seen by specialists, finding out about early intervention and how we could participate, and most importantly, getting her first set of hearing aids.

As I stated above, Emily had none of the risk factors associated with hearing loss in an infant. She was not premature, my pregnancy had no complications, and there is no family history of hearing loss other than in the older adults. Never in our wildest thoughts would we have thought we would give birth to a child with hearing loss. Had the hospital only offered, rather than required, the hearing screening we probably would have not taken that option. Needless to say, our next daughter to be born this summer will receive a hearing screening.

Emily's hearing loss is moderate enough that she may have gotten by for quite a while before we picked up on the loss. This would have devastated me thinking about how much developmental time we would have lost with her when help was so readily and easily available. Her hearing loss is also of the type where it can progress in certain circumstances. Knowing about her hearing loss at such an early age we can monitor the loss and take action if things do deteriorate. In May 2001 Emily had lost a significant amount of hearing in her right ear in the upper frequencies. We knew this because we had been on a plan to give her regular hearing tests. With this knowledge we had Dr. Sie at Children's Hospital perform a procedure on her right ear. Since May 2001 Emily's hearing in both ears has been stable. Rather than waiting until we notice her hearing loss because it had become so profound, we can hopefully prevent that situation from occurring by vigilant monitoring and avoiding the circumstances that would worsen her hearing.

The prognosis for Emily is currently excellent. She received hearing aids before she was three months old and was enrolled in an early intervention program before she was a

month old. Because of the amplification she receives and the hard work of all her caretakers (grandparents included) and therapist, she is at or above age level in both her receptive and expressive speech. We anticipate that she will have no problem being mainstreamed in public school when that day comes. Instead of this being a years long struggle for Emily and our family, because of the infant hearing screening it has become just a bump in the road. So many people who do not really know Emily comment to me about what a “chatterbox” she is. I love to see the expression on their faces when I show them her hearing aids. I know that Emily will do amazing things in the future, and it all started with overcoming this obstacle at such an early age.